

## CONTINUING EDUCATION PROVIDER APPLICATION

In order to be considered for approval, please submit a completed continuing education provider application along with a registration certificate from the SC Secretary of State and a statewide membership roster. The roster must include the names and license numbers of at least 75 – 100 licensees from the largest 3 counties in South Carolina and the counties must be listed by each representative. Submissions must be received by LLR, SC BOARD OF COSMETOLOGY, by **AUGUST 5<sup>th</sup>** in order to be placed on the September agenda.

**DATE:** \_\_\_\_\_

**FEDERAL TAX ID:** \_\_\_\_\_

**NAME OF ASSOCIATION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**NAME OF PRIMARY CONTACT:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**PROFESSIONAL LICENSE # (IF APPLICABLE):** \_\_\_\_\_

### NAME OF OFFICERS OR BOARD OF DIRECTORS:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**a.** Has an owner/partner/principal/manager of the Association ever had any cosmetology, esthetician or nail technician license denied, suspended, revoked surrendered or have you ever been disciplined or fined by any licensing authority in this or any other state or jurisdiction?

☐ Yes ☐ No ☐ (If yes, attach a separate statement giving complete details.)

**b.** Has an owner/partner/principal/manager of the Association ever had any other business or professional license denied, suspended, revoked, surrendered in this or any other state or jurisdiction? ☐ Yes ☐ No ☐ (If yes, attach a separate statement giving complete details.)

**c.** Have you (owner/partner/principal/manager) ever been convicted of any criminal offense or is there any criminal charges now pending against you? ☐ Yes ☐ No ☐ (If yes, attach a separate statement giving complete details.)